

160

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 160

Place of Birth Hayden County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Fe					

DATE OF BIRTH* January 16, 1931
(Month) (Day) (Year)

FULL* FATHER
NAME Lorenzo Romero

FULL* MOTHER
MAIDEN NAME Romelia Guarena

I HEREBY CERTIFY that the child described herein
has been named

Maria Luisa Romero

(Give name in full)

(Surname)

Maria Luisa Romero
(Parent's Signature)

Romelia G. Romero
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

19M 1-45

496-116-971

